PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/501,756			ing Date 14/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE	\neg	N/A	LD NO	N/A		N/A	TEE (a)	ł	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), SEARCH FEE	or (c))	NIA						ł			
H	(37 CFR 1.16(k), (j), (N/A		N/A		N/A		l	N/A		
TO	(37 CFR 1.16(o), (p),		N/A		N/A		N/A		١	N/A		
(37	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *		•		x \$ =		OR	x \$ =		
(37	CFR 1.16(h))		minus 3 = *				x \$ =		ı	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction tt 35 U.S.C. 41(a)(1)(G) and 37 CF									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
	APP	OED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
¥	09/18/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ž	Total (37 CFR 1.16(i))	· 119	Minus	·· 119	= 0	1	x \$0 =	0	OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0	1	x \$0 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))		Minus		=	1	x \$ =		OR	x s =		
Š	Independent (37 CFR 1.16(h))		Minus	***]	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))]]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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